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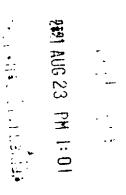
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## COVER LETTER

| TO:     | Registration Section Division of Corporations  |                     |  |
|---------|--|---------------------|--|
| SUBJE   | SHELTAIR FARMINGDALE, LLC  |                     |  |
| 50201   |  | ne of Limited Lia   | ibility Company  |
| Dear S  | ir or Madam:   |                     |  |
| The en  | closed Registered Agent/Registered Off   | ice Change and f    | ee(s) are submitted for filing.  |
| Please  | return all correspondence concerning th  | is matter to the fo | ollowing:  |
| Damas   | o W. Saavedra  |                     |  |
|         | Name of Person   |                     | _  |
| Saaved  | ra-Goodwin   |                     |  |
|         | Firm/Company   |                     | _  |
| 888 S.H | E 3rd Avenue, Suite 500  |                     |  |
|         | Address  |                     | _  |
| Fort La | uderdale, Florida 33316  |                     |  |
|         | City/State and Zip Code  | <del></del>         | _  |
| dpazo@  | gsaavlaw.com   |                     |  |
| F       | -mail address: (to be used for future ann  | ual report notific  | cation)  |
| For fur | ther information concerning this matter,   | please call:        |  |
| Deanna  | а Радо   | 954<br>at (         | 767-6333   |
|         | Name of Person   |                     | Area Code & Daytime Telephone Number   |
|         | Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |                     | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
|         | Enclosed is a check for the following  | amount:             |  |
|         | ■ \$25 Filing Fee  | <b>□</b> \$5:       | 5 Filing Fee & Certified Copy  |

INHS18 (2/14)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| 1. Name of the limited liability company: SHELTAIR FARMINGDALE, LLC     |   |                                    |   |  |                       |  |  |
|---|---|------------------------------------|---|--|-----------------------|--|--|
| 2. (a)  |   | (                                  | b)  |  |                       |  |  |
| ,   | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  | _ `                                |   | Mailing address of lin<br>(Note: MAY BE I  | nited lia             | ibility company;                                   |  |
|   | 4860 NE 12TH AVE.   |                                    | 4860 NE   | 12TH AVE.  |                       |  |  |
|   | FORT LAUDERDALE, FL 33334   | <del>-</del>                       | FORT LAUDERDALE, FL 33334                         |  |                       |  |  |
|   | 03/04/2005  |                                    | L0500002  | 2187   |                       |  |  |
| 3.  | Date of filing/registration in Florida  | 4.                                 |   | Document numb  | ег                    |  |  |
| 5. (a)  | Saavedra, Damaso W, Esq.  |                                    |   |  |                       |  |  |
| 5. (a)  | Registered Agent and Registered Office shown on the records of t  | the Florid                         | a Dept. of St                                     | ate:   |                       |  |  |
|   | Registered Office Address (MUST BE FLORIDA STREET)  | <u> 1DDRES</u>                     | <u>S)</u>   |  |                       | 200  |  |
|   | 312 S.E. 17th Street Second Floor   |                                    |   |  |                       | RZI AUG  |  |
|   | Fort Lauderdale , FL  | 33316                              |   | _  |                       | জ<br>23<br>3                                       |  |
|   |   |                                    |   |  |                       | TO 35  |  |
| (b)   | Enter name of NEW Registered Agent and/or NEW Registered  | Office a                           | ddress:   | _  |                       | <del> </del>                                       |  |
|   | Saavedra, Damaso W. Esq.  |                                    |   |  |                       |  |  |
|   | NEW Registered Office Address:  |                                    |   | _  |                       |  |  |
|   | 888 S.E 3rd Avenue, Suite 500   |                                    |   | _  |                       |  |  |
|   | Fort Lauderdale, FL   | 33316                              |   |  |                       |  |  |
| change agent was/withe art  Signa  I here provis. the obto mer notified | imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of ides of organization or the operating agreement of the large of a member of authorized representative of a member by accept the appointment as registered agent and agreement of all statutes relative to the proper and complete ligations of all statutes relative to the proper and complete ligations of all statutes relative to the proper and complete ligations of all statutes relative to the proper and complete ligations of this change in the registered office address. I have a fine of this change. | register shility confitted limited | ed office a company, it nited liabil liability co | nd the business off is hereby confirmed ity company or as a mpany.  Printed or typed na pacity. I further as | ice of ed that otherw | the registered the change(s) rise provided in gnee |  |